

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/03/2020
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NAME OF PROVIDER OR SUPPLIER  WELLFOUND BEHAVIORAL HEALTH HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3402 S 19TH ST TACOMA, WA 98405
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p><b>INITIAL COMMENTS</b></p> <p><b>STATE COMPLAINT INVESTIGATION</b></p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospital Licensing Regulations, conducted this health and safety investigation.</p> <p>Onsite dates: 12/02/20 &amp; 12/03/20 Case number: 2020-15734 Intake numbers: 106789</p> <p>The investigation was conducted by: Investigator #27347</p> <p>There were violations found pertinent to this complaint.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: * The regulation number and/or the tag number; * HOW the deficiency will be corrected; * WHO is responsible for making the correction; * WHAT will be done to prevent recurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed.</p> <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. PLAN OF CORRECTION DUE: DECEMBER 27, 2020</p> <p>4. The Administrator or Representative's signature is required on the first page of the original.</p> <p>5. Return the original report with the required signatures.</p>	
L 315	<p><b>322-035.1C POLICIES-TREATMENT</b></p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (c) Providing or arranging for the care and treatment of patients; This Washington Administrative Code is not met as evidenced by: Based on interview and document review the hospital failed to implement their policies and</p>	L 315		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Chris Robinson 12/22/20*

State of Washington

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L 315	Continued From page 1  procedures to ensure patients received their admission history and physical within 24 hours of admission for 1 of 7 patient records reviewed (Patient #7).  Failure to complete the admission history and physical in a timely manner puts patients at risk for having unmet medical needs.  Findings included:  1. Review of the hospital policy titled "Rules and Regulations of the Medical Staff Bylaws", reviewed 03/19, showed that patients were to receive a history and physical examination within 24 hours of admission.  2. Review of Patient #7's medical record showed that:  a) Patient #1 was admitted to the hospital on 12/01/20. The patient's history and physical was still not completed as of 12/03/20.  3. On 12/03/20 at 12:30 PM, the investigator interviewed the Director of Quality (Staff #1). Staff #1 verified the above information.	L 315		
L 420	322-040.1 ADMIN-ADOPT POLICIES  WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients; This Washington Administrative Code is not met as evidenced by:	L 420		

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L 420	<p>Continued From page 2</p> <p>Based on interview and document review, the hospital failed to have a policy and procedure to be followed for patients initially declined for admission and then later admitted to the hospital by another provider for 1 of 7 patient records reviewed (Patient #1).</p> <p>Failure to have a policy and procedure in place puts patients at risk of being admitted to the hospital when the hospital cannot safely meet the patient's needs.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the hospital policy titled "Patient Admission Criteria and Intake and Inpatient", reviewed 09/20, showed the exclusion criteria for patient conditions the hospital could not accept for admission. The policy stated that some patients with medical conditions found during the pre-admission assessment to the hospital. The policy did not clearly state the steps to be taken to ensure the patient received an adequate medical review prior to acceptance for admission.</li> <li>2. Review of Patient #1's medical record showed that:               <ol style="list-style-type: none"> <li>a) Patient #1 was admitted to the hospital on 11/28/20. The patient was 440 lbs. The hospital policy stated that patients over 350 lbs were to be excluded for admission.</li> <li>b) There was no information in the patient's medical record as to the process and the medical professionals involved in determining if the patient's needs could be met in the hospital.</li> </ol> </li> <li>3. On 12/02/20 at 9:30 AM, the investigator interviewed a Licensed Clinical Social Worker</li> </ol>	L 420		

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L 420	Continued From page 3  (LICSW) (Staff #2). Staff #2 stated that they were unsure of who was responsible for the more in-depth clinical reviews when there was a question about whether a patient was appropriate for admission to the hospital. Staff #2 stated that on several occasions a patient would be denied admission for medical reasons by one provider only to be admitted by another medical provider.  4. On 12/02/20 at 11:00 AM, the investigator interviewed a Physician Assistant (PA) (Staff #5). Staff #5 stated if a patient was denied admission by one medical provider the administration would ask another medical provider to review the patient information. Staff #5 stated that the reviewing medical provider did not always consult with the first provider as to why the patient was denied admission initially.  5. On 12/02/20 at 1:17 PM, the investigator interviewed the Chief Executive Officer (CEO) (Staff #10). Staff #10 stated that administration would review patients declined for admission with another medical provider to determine if the patient's needs could be met. The reviewing medical provider did not always consult with the provider that declined the admission originally.  6. On 12/03/20 at 12:30, the investigator interviewed the Director Of Quality (Staff #1). Staff #1 verified the above information.	L 420		

Wellfound Behavioral Health Hospital Plan of Correction for State Licensing (or Medicare Hospital/Critical Access Hospital Survey 2020-15734

12/23/20 approved POC - D. Swartz

CMS	How the Deficiency Will Be Corrected	WA	Monitoring procedure; Target for Compliance	Responsible Individual(s)	Est Date of Correction
<p><b>A 049</b></p> <p><b>MEDICAL STAFF - ACCOUNTABILITY</b> CFR(s): 482.12(a)(5)</p> <p>[The governing body must ensure that the medical staff is accountable to the governing body for the quality of care provided to patients.</p> <p>This STANDARD is not met as evidenced by: Based on interview and document review, the hospital failed to have a policy and procedure to be followed for patients initially declined for admission and then later admitted to the hospital by another provider for 1 of 7 patient records reviewed (Patient #1).</p> <p>Failure to have a policy and procedure in place puts patients at risk of being admitted to the hospital when the hospital cannot safely meet the patient's needs.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the hospital policy titled "Patient Admission Criteria and Intake and Inpatient", reviewed 09/20, showed the exclusion criteria for patient conditions the hospital could not accept for admission. The policy stated that some patients with medical conditions found during the pre-admission assessment to the hospital. The policy did not clearly state the steps to be taken to ensure the patient received an adequate medical review prior to acceptance for admission.</li> <li>2. Review of Patient #1's medical record showed that:                     <ol style="list-style-type: none"> <li>a) Patient #1 was admitted to the hospital on 11/28/20. The patient was 440 lbs. The hospital policy stated that patients over 350 lbs were to be excluded for admission.</li> <li>b) There was no information in the patient's medical record as to the process and the medical professionals involved in determining if the patient's needs could be met in the hospital.</li> </ol> </li> <li>3. On 12/02/20 at 9:30 AM, the investigator interviewed a Licensed Clinical Social Worker</li> </ol>	<p><b>L 240</b></p> <p>322-040.1 ADMIN-ADOPT POLICIES</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients;</p> <p>This Washington Administrative Code is not met as evidenced by:</p>	<p>Reviewed three policy's</p> <ol style="list-style-type: none"> <li>1. Patient Admission Criteria Intake and Inpatient</li> <li>2. Processing of Patients Accepted for Direct Admission</li> <li>3. Disposition Planning from Intake and Assessment Department</li> </ol> <p>Created new policy specific to Administrative Review Process. Outlines review process steps when initial response was to decline.</p> <p>Covering review process, reason for review, documentation of patient case, provider final decision maker, chart documentation, and data outcomes.</p> <p>To share new Administrative Review Process Policy with intake staff and psychiatric providers. Signed acknowledgement regarding process procedure update.</p>	<p>Dir Quality and Dir Clinical Programs</p> <p>Dir Quality, Dir Clinical Programs, Interim Chief Medical Officer</p> <p>Dir Clinical Programs, Interim Chief Medical Officer</p>	<p>12/18/20</p> <p>12/21/20</p> <p>To be completed by 12/31/20 or employee's first shift back after holiday break</p>	

<p>... (LCSW) (Staff #2). Staff #2 stated that they were unsure of who was responsible for the more in-depth clinical reviews when there was a question about whether a patient was appropriate for admission to the hospital. Staff #2 stated that on several occasions a patient would be denied admission for medical reasons by one provider only to be admitted by another medical provider.</p> <p>4. On 12/02/20 at 11:00 AM, the investigator interviewed a Physician Assistant (PA) (Staff #5). Staff #5 stated if a patient was denied admission by one medical provider the administration would ask another medical provider to review the patient information. Staff #5 stated that the reviewing medical provider did not always consult with the first provider as to why the patient was denied admission initially.</p> <p>5. On 12/02/20 at 1:17 PM, the investigator interviewed the Chief Executive Officer (CEO) (Staff #10). Staff #10 stated that administration would review patients declined for admission with another medical provider to determine if the patient's needs could be met. The reviewing medical provider did not always consult with the provider that declined the admission originally.</p> <p>6. On 12/03/20 at 12:30, the investigator interviewed the Director Of Quality (Staff #1). Staff #1 verified the above information.</p>	<p>Based on interview and document review, the hospital failed to have a policy and procedure to be followed for patients initially declined for admission and then later admitted to the hospital by another provider for 1 of 7 patient records reviewed (Patient #1).</p> <p>Failure to have a policy and procedure in place plus patients at risk of being admitted to the hospital when the hospital cannot safely meet the patient's needs.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the hospital policy titled "Patient Admission Criteria and Intake and Inpatient", reviewed 09/20, showed the exclusion criteria for admission. The policy stated that some patients with medical conditions found during the pre-admission assessment to the hospital. The policy did not clearly state the steps to be taken to ensure the patient received an adequate medical review prior to acceptance for admission.</li> <li>2. Review of Patient #1's medical record showed that:             <ol style="list-style-type: none"> <li>a) Patient #1 was admitted to the hospital on 11/22/20. The patient was 440 lbs. The hospital policy stated that patients over 350 lbs were to be excluded for admission.</li> <li>b) There was no information in the patient's medical records as to the process and the medical professionals involved in determining if the patient's needs could be met in the hospital.</li> </ol> </li> <li>3. On 12/02/20 at 5:30 AM, the investigator interviewed a Licensed Clinical Social Worker</li> </ol>	<p>Complete weekly tracers for direct admitted patient chart documentation elements per Administrative Review Process policy for at least 30% admissions for first 90 days or until 95% compliance with complete documentation. Ongoing monitoring will be monthly for 3 months, quarterly thereafter.</p>	<p>Intake Director</p> <p>2/15/21</p>
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	<p>(LICSW) (Staff #2). Staff #2 stated that they were unsure of who was responsible for the more in-depth clinical reviews when there was a question about whether a patient was appropriate for admission to the hospital. Staff #2 stated that on several occasions a patient would be denied admission for medical reasons by one provider only to be admitted by another medical provider.</p> <p>4. On 12/02/20 at 11:00 AM, the investigator interviewed a Physician Assistant (PA) (Staff #5). Staff #5 stated if a patient was denied admission by one medical provider the administration would ask another medical provider to review the patient information. Staff #5 stated that the reviewing medical provider did not always consult with the first provider as to why the patient was denied admission initially.</p> <p>5. On 12/02/20 at 1:17 PM, the investigator interviewed the Chief Executive Officer (CEO) (Staff #10). Staff #10 stated that administration would review patients declined for admission with another medical provider to determine if the patient's needs could be met. The reviewing medical provider did not always consult with the provider that declined the admission originally.</p> <p>6. On 12/03/20 at 12:30, the investigator interviewed the Director Of Quality (Staff #1). Staff #1 verified the above information.</p>			
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<p><b>A 358</b></p> <p><b>MEDICAL STAFF RESPONSIBILITIES - H&amp;P</b> CFR(s): 482.22(c)(5)(i)</p> <p>[The bylaws must]</p> <p>Include a requirement that--</p> <p>(f) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, and except as provided under paragraph (c)(5)(iii) of this section. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oral and maxillofacial surgeon, or other qualified individual in accordance with State law and hospital policy.</p> <p>This STANDARD is not met as evidenced by: Based on interview and document review the hospital failed to implement their policies and procedures to ensure patients received their admission history and physical within 24 hours of admission for 1 of 7 patient records reviewed (Patient #7).</p> <p>Failure to complete the admission history and physical in a timely manner puts patients at risk for having unmet medical needs.</p>	<p><b>L 315</b></p> <p><b>322-035.IC POLICIES-TREATMENT</b></p> <p>WAC 246-322-035 Policies and Procedures. (4) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (c) Providing or arranging for the care and treatment of patients;</p> <p>This Washington Administrative Code is not met as evidenced by: Based on interview and document review the hospital failed to implement their policies and</p>	<p>Re-reviewed current prospective and retrospective H&amp;P audit process.</p> <p>Met to develop timeline criteria for completion admission H&amp;P within 24 hours for inpatient admitted patients. Walk-in vs direct admission</p> <p>Daily H&amp;P completion audits for admissions prior day. For any H&amp;Ps close to the 24-hour mark, communication will be sent via EMR to the admitting provider and CMO as appropriate to ensure completion time is met.</p>	<p>Dir Quality</p> <p>Dir Quality &amp; HIM Manager</p> <p>HIM Manager</p> <p>HIM Manager</p>	<p>12/21/20</p> <p>12/21/20</p> <p>12/21/20</p> <p>2/15/21</p>
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Attachment C2

<p>Findings included:</p> <ol style="list-style-type: none"><li>1. Review of the hospital policy titled "Rules and Regulations of the Medical Staff Bylaws", reviewed 03/19, showed that patients were to receive a history and physical examination within 24 hours of admission.</li><li>2. Review of Patient #7's medical record showed that:<ol style="list-style-type: none"><li>a) Patient #1 was admitted to the hospital on 12/01/20. The patient's history and physical was still not completed as of 12/03/20.</li></ol></li><li>3. On 12/03/20 at 12:30 PM, the investigator interviewed the Director of Quality (Staff #1). Staff #1 verified the above information.</li></ol>	<p>Findings included:</p> <ol style="list-style-type: none"><li>1. Review of the hospital policy titled "Rules and Regulations of the Medical Staff Bylaws", reviewed 03/19, showed that patients were to receive a history and physical examination within 24 hours of admission.</li><li>2. Review of Patient #7's medical record showed that:<ol style="list-style-type: none"><li>a) Patient #1 was admitted to the hospital on 12/01/20. The patient's history and physical was still not completed as of 12/03/20.</li></ol></li><li>3. On 12/03/20 at 12:30 PM, the investigator interviewed the Director of Quality (Staff #1). Staff #1 verified the above information.</li></ol>		
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*PO Box 47874 • Olympia, Washington 98504-7874*

12/23/20

Pamela Shotts, RN  
Director of Quality  
Wellfound Behavioral Health Hospital  
3402 South 19<sup>th</sup> Street  
Tacoma, WA 98405

RE: 2020-15734/106789

Dear Ms. Shotts:

An investigator from the Washington State Department of Health conducted a complaint investigation at Wellfound Behavioral Hospital on 12/03/20. Hospital staff members developed a plan of correction to correct deficiencies cited following this investigation. This plan of correction was approved on 12/23/20.

A Progress Report will be required for this investigation and is due 03/21/21.

The Department of Health accepts Wellfound Behavioral Health Hospital attestation that it will correct all deficiencies cited at Chapter 246-322 WAC. I sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

/s/Deborah Barrette

Deborah Barrette, RN  
[Deborah.barrette@doh.wa.gov](mailto:Deborah.barrette@doh.wa.gov)  
Department of Health  
Health Systems Quality Assurance  
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